



QUARTERLY STATEMENT

AS OF MARCH 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Meridian Health Plan of Michigan, Inc.

NAIC Group Code	01199	01199	NAIC Company Code	52563	Employer's ID Number	38-3253977
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []	
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]	
	Other []				Is HMO Federally Qualified? Yes [X] No []	
Incorporated/Organized	09/18/1995		Commenced Business		12/31/1995	
Statutory Home Office	1 Campus Martius, Suite 700			Detroit, MI, US 48226		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	1 Campus Martius, Suite 700		Detroit, MI, US 48226		313-324-3700	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	P.O. Box 31391		Tampa, FL, US 33631-3391			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1 Campus Martius, Suite 700		Detroit, MI, US 48226		313-324-3700	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.mhplan.com					
Statutory Statement Contact	Andrea Edwards Watroba			313-324-3700		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	andrea.watroba@mhplan.com			313-324-3700		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Sean Peter Kendall	President	Stephanie Williams #	VP, CFO
Michael Troy Meyer	VP, CAO, Assistant Treasurer	Goran Jankovic	VP, Treasurer

OTHER OFFICERS

Michael Warren Haber	VP, Secretary	Tammy Lynn Meyer	VP, Assistant Treasurer
----------------------	---------------	------------------	-------------------------

DIRECTORS OR TRUSTEES

Andrew Lynn Asher	Michael Troy Meyer	Karie Enid Pasternak	

State of

County of ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Sean Peter Kendall President	Stephanie Williams VP, CFO	Michael Troy Meyer VP, CAO, Assistant Treasurer
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number		
2. Date filed		
3. Number of pages attached		

Subscribed and sworn to before me this
day of ,

STATEMENT AS OF MARCH 31, 2019 OF THE Meridian Health Plan of Michigan, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	100,560,014		100,560,014	310,000
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$165,000,459), cash equivalents (\$2,084,832) and short-term investments (\$0)	167,085,291		167,085,291	266,764,034
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	1,190,099	1,155,714	34,385	34,385
9. Receivables for securities	50,116,777		50,116,777	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	318,952,181	1,155,714	317,796,467	267,108,419
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	113,799	67,417	46,382	12,961
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	12,419,277		12,419,277	29,375,154
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$16,184,631) and contracts subject to redetermination (\$)	16,184,631		16,184,631	12,048,413
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	3,078,697		3,078,697	3,520,839
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	2,686,256		2,686,256	12,237,840
18.1 Current federal and foreign income tax recoverable and interest thereon	5,204,512		5,204,512	5,806,266
18.2 Net deferred tax asset	16,034,521	10,009,168	6,025,353	6,025,353
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	0		0	0
24. Health care (\$11,786,773) and other amounts receivable	22,070,380	3,877,686	18,192,694	87,045,125
25. Aggregate write-ins for other-than-invested assets	1,661,674	199,238	1,462,436	15,793
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	398,405,928	15,309,223	383,096,705	423,196,163
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	398,405,928	15,309,223	383,096,705	423,196,163
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State Income Tax Receivable	1,462,436		1,462,436	15,793
2502. Prepays	199,238	199,238	0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,661,674	199,238	1,462,436	15,793

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	210,342,162		210,342,162	226,281,510
2. Accrued medical incentive pool and bonus amounts	9,963,474		9,963,474	9,379,675
3. Unpaid claims adjustment expenses	1,528,507		1,528,507	1,701,845
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	15,153,587		15,153,587	11,169,448
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	765,943		765,943	671,010
9. General expenses due or accrued	752,823		752,823	1,085,742
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	597,827		597,827	2,824,341
16. Derivatives.....			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	764,159		764,159	232,549
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	239,868,482	0	239,868,482	253,346,120
25. Aggregate write-ins for special surplus funds	XXX	XXX	9,745,627	0
26. Common capital stock	XXX	XXX	44,700	44,700
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	153,451,363	153,451,363
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(20,013,467)	16,353,980
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	143,228,223	169,850,043
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	383,096,705	423,196,163
DETAILS OF WRITE-INS				
2301.			0	0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. Estimate of 2018 ACA Health Insurer Fee Surplus.....	XXX	XXX		0
2502. Estimate of 2020 ACA Health Insurer Fee Surplus.....	XXX	XXX	9,745,627	
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	9,745,627	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,579,121	1,552,581	6,292,913
2. Net premium income (including \$ non-health premium income).....	XXX	482,199,786	490,641,334	1,934,348,123
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	52,083,049	54,044,791
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	482,199,786	542,724,383	1,988,392,914
Hospital and Medical:				
9. Hospital/medical benefits		305,634,107	298,359,191	1,241,827,507
10. Other professional services		15,226,911	18,496,203	82,507,944
11. Outside referrals		16,256,534	20,936,339	77,404,024
12. Emergency room and out-of-area		8,830,104	9,388,179	36,480,134
13. Prescription drugs		82,512,141	86,254,255	338,701,780
14. Aggregate write-ins for other hospital and medical.....	0	0	46,803	376,370
15. Incentive pool, withhold adjustments and bonus amounts.....		3,325,681	3,792,357	16,622,289
16. Subtotal (Lines 9 to 15)	0	431,785,478	437,273,327	1,793,920,048
Less:				
17. Net reinsurance recoveries		307,453	204,050	2,632,805
18. Total hospital and medical (Lines 16 minus 17)	0	431,478,025	437,069,277	1,791,287,243
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 10,015,872 cost containment expenses.....		14,192,528	12,559,931	49,280,801
21. General administrative expenses.....		63,260,119	86,581,126	241,227,668
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	508,930,672	536,210,334	2,081,795,712
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(26,730,886)	6,514,049	(93,402,798)
25. Net investment income earned		1,380,234	914,743	4,687,464
26. Net realized capital gains (losses) less capital gains tax of \$ 72,125		218,585	13,180	(1,639,384)
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,598,819	927,923	3,048,080
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(25,132,067)	7,441,972	(90,354,718)
31. Federal and foreign income taxes incurred	XXX	529,628	10,623,253	(2,354,965)
32. Net income (loss) (Lines 30 minus 31)	XXX	(25,661,695)	(3,181,281)	(87,999,753)
DETAILS OF WRITE-INS				
0601. ACA Health Insurer Fee - 2018.....	XXX	0	52,083,049	54,044,791
0602.	XXX	0		0
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	52,083,049	54,044,791
0701.	XXX		0	0
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401. Hearing/Speech devices.....		0	46,803	376,370
1402.			0	0
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	46,803	376,370
2901. Miscellaneous revenue.....			0	0
2902.			0	0
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	169,850,043	186,774,156	186,774,156
34. Net income or (loss) from Line 32	(25,661,695)	(3,181,281)	(87,999,753)
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	253,318	29,865	(1,752,145)
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	6,924,156	0	7,495,447
39. Change in nonadmitted assets	(8,137,599)	(312,706)	(4,667,662)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	70,000,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(26,621,820)	(3,464,122)	(16,924,113)
49. Capital and surplus end of reporting period (Line 33 plus 48)	143,228,223	183,310,034	169,850,043
DETAILS OF WRITE-INS			
4701.		0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	494,964,104	496,303,442	1,947,321,334
2. Net investment income	1,326,588	1,226,755	7,852,608
3. Miscellaneous income	54,044,791	0	0
4. Total (Lines 1 to 3)	550,335,483	497,530,197	1,955,173,942
5. Benefit and loss related payments	428,443,358	427,012,403	1,790,497,924
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	67,875,711	44,032,340	297,318,506
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	4,638,850
10. Total (Lines 5 through 9)	496,319,069	471,044,743	2,092,455,280
11. Net cash from operations (Line 4 minus Line 10)	54,016,414	26,485,454	(137,281,338)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	200,285,796	5,204,286	122,324,930
12.2 Stocks	0	911,786	19,949,554
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	77,423
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	27,605	20,194
12.8 Total investment proceeds (Lines 12.1 to 12.7)	200,285,796	6,143,677	142,372,101
13. Cost of investments acquired (long-term only):			
13.1 Bonds	299,991,782	1,623,345	17,885,032
13.2 Stocks	0	881,730	2,402,087
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	50,116,777	0	2,254,749
13.7 Total investments acquired (Lines 13.1 to 13.6)	350,108,559	2,505,075	22,541,868
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(149,822,763)	3,638,602	119,830,233
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	70,000,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(3,872,394)	(10,737,708)	(12,662,093)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(3,872,394)	(10,737,708)	57,337,907
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(99,678,743)	19,386,348	39,886,802
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	266,764,034	226,877,232	226,877,232
19.2 End of period (Line 18 plus Line 19.1)	167,085,291	246,263,580	266,764,034

STATEMENT AS OF MARCH 31, 2019 OF THE Meridian Health Plan of Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	519,373	4,682	.0	.0	.0	.0	.0	19,497	495,194	.0
2. First Quarter	526,587	7,323	.0	.0	.0	.0	.0	21,936	497,328	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	1,579,121	22,404	0	0	0	0	0	65,000	1,491,717	0
Total Member Ambulatory Encounters for Period:										
7. Physician	1,344,499	3,905						110,487	1,230,107	
8. Non-Physician	1,184,810	1,969						153,098	1,029,743	
9. Total	2,529,309	5,874	0	0	0	0	0	263,585	2,259,850	0
10. Hospital Patient Days Incurred	51,342	156						7,161	44,025	
11. Number of Inpatient Admissions	12,932	29						1,148	11,755	
12. Health Premiums Written (a).....	482,943,708	4,025,848	.0	.0	.0	.0	.0	77,659,562	401,258,298	.0
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	482,199,786	4,025,821	.0	.0	.0	.0	.0	77,628,378	400,545,587	.0
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	428,443,358	2,030,350						48,800,424	377,612,584	
18. Amount Incurred for Provision of Health Care Services	431,785,478	2,400,634	0	0	0	0	0	67,278,183	362,106,661	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 77,659,652

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	620,083	1,401,835	653,793	1,880,343	1,273,876	2,136,220
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	26,544,804	22,205,842	9,885,452	31,460,659	36,430,256	41,502,699
7. Title XIX - Medicaid	119,796,488	255,574,567	50,145,665	116,316,250	169,942,153	182,642,591
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	146,961,375	279,182,244	60,684,910	149,657,252	207,646,285	226,281,510
10. Health care receivables (a)	6,310,792	6,018,746	0		6,310,792	30,277,612
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	2,630,069	111,812	6,712,853	3,250,621	9,342,922	9,379,675
13. Totals (Lines 9-10+11+12)	143,280,652	273,275,310	67,397,763	152,907,873	210,678,415	205,383,573

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan, Inc. (the “Company”), domiciled in the state of Michigan, are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Michigan insurance law. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

The State of Michigan has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, the State of Michigan prior to March 31, 2019 reporting period, required the transfer payment program for the Specialty Network Access Fee (“SNAF”), to be recorded as premium income, and the resulting payments to providers to be treated as hospital/medical benefits. In NAIC SAP this type of pass-through arrangement is reported as uninsured plans. This state prescribed accounting practice resulted in no differences from NAIC SAP net income or capital and surplus. The Company has been directed by the Michigan Department of Insurance and Financial Services to change the method of accounting for SNAF, as uninsured plans in accordance with SSAP 47, beginning with the March 31, 2019 reporting period.

A reconciliation of the Company’s net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the Department is shown below:

	SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	N/A	N/A	N/A	(25,661,695)	(87,999,753)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:					
				0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP:					
				0	0
(4) NAIC SAP (1-2-3=4)	N/A	N/A	N/A	(25,661,695)	(87,999,753)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	N/A	N/A	N/A	143,228,223	169,850,043
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:					
				0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP:					
				0	0
(8) NAIC SAP (5-6-7=8)	N/A	N/A	N/A	143,228,223	169,850,043

B. Use of Estimates in the Preparation of the Financial Statements

No significant change.

C. Accounting Policy

No significant change.

D. Going Concern

None

2. Accounting Changes and Corrections of Errors

Beginning with the March 31, 2019 reporting period the Company will report the SNAF program pass-through payments as uninsured plans in accordance with SSAP 47, as disclosed in Note 1.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-backed Securities – None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None

NOTES TO FINANCIAL STATEMENTS

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low Income Housing Tax Credit – None
- L. Restricted Assets (Including pledged) – No significant change.
- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. Structured Notes – None
- P. 5*Securities – None
- Q. Short Sales – None
- R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships, and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

None

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, and Affiliates

No significant change.

11. Debt

- A. Debt – None
- B. Federal Home Loan Bank Agreements – None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

- A. Defined Benefit Plan – None

13. Capital and Surplus, Stockholders’ Dividend Restrictions, and Quasi-Reorganizations

No significant change.

14. Contingencies

None

15. Leases

None

16. Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

17. Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales - None

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans – No significant change.
- B. ASC Plans – None
- C. Medicare of Similarly Structured Cost Based Reimbursement Contract

NOTES TO FINANCIAL STATEMENTS

- 1. No significant change.
- 2. No significant change.
- 3. None
- 4. None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

A. Fair Market Value at Reporting Date

- 1. Fair Value Measurements at Reporting Date – None
- 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
- 3. The Company does not have any securities valued at fair value.
- 4. The Company has not valued any securities at a Level 2 or 3.
- 5. Derivative assets and liabilities – None

B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Aggregate fair values of the financials instruments and applicable levels within the fair value hierarchy.

Type of Financial Instruments	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$100,559,419	\$100,560,014	\$0	\$100,559,419	\$0	\$0
Short-term investments	\$0	\$0	\$0	\$0	\$0	\$0
Cash Equivalent	\$2,084,832	\$2,084,832	\$2,084,832	\$0	\$0	\$0
Common Stock	\$0	\$0	\$0	\$0	\$0	\$0

D. Not Practicable to Estimate Fair Value – None

E. No investments were measured using the NAV practical expedient pursuant to SSAP No 100R.

21. Other Items

On March 26, 2019, WellCare Health Plans, Inc. entered into an Agreement and Plan of Merger (the “Merger Agreement”) with Centene Corporation. The closing of the Merger Agreement is subject to customary closing conditions, including, but not limited to, the approval of the Merger Agreement by our stockholders, the approval of the share issuance of Centene stock by Centene’s stockholders, and the receipt of U. S. federal antitrust clearance and certain other required regulatory approvals. The transaction is expected to close in the first half of 2020. Currently management does not know what, if any, effect the transaction will have on the Company.

22. Events Subsequent

No change.

23. Reinsurance

No change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

E. Risk – Sharing Provisions of the Affordable Care Act (ACA)

- 1. Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (Yes/No)? Yes

As of March 31, 2019, the Company estimated accrued retrospective premium adjustment of \$11,169,448 payable for the 2018 risk adjustment program and \$3,984,138 payable for the 2019 risk adjustment program.

NOTES TO FINANCIAL STATEMENTS

2. Impact of Risk – Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

			AMOUNT
a.	Permanent ACA Risk Adjustment Program		
	Assets		
	1	Premium adjustments receivable due to ACA Risk Adjustment	\$ -
	Liabilities		
	2	Risk adjustment user fees payable for ACA Risk Adjustment	\$ -
	3	Premium adjustments payable due to ACA Risk Adjustment	\$ 3,984,138
	Operations (Revenue & Expense)		
	4	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (3,984,138)
	5	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 286,746
b.	Transitional ACA Reinsurance Program		
	Assets		
	1	Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
	2	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
	3	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
	Liabilities		
	4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -
	5	Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
	6	Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
	Operations (Revenue & Expense)		
	7	Ceded reinsurance premiums due to ACA Reinsurance	\$ -
	8	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
	9	ACA Reinsurance Contributions - not reported as ceded premium	\$ -
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1	Accrued retrospective premium due to ACA Risk Corridors	\$ -
	Liabilities		
	2	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
	Operations (Revenue & Expense)		
	3	Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
	4	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

3. Roll – forward of prior year ACA risk – sharing provisions for the following assets (gross of any non-admission) and liability balances, along with the reasons for adjustments to prior year balance.

NOTES TO FINANCIAL STATEMENTS

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
		1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	Ref	9 Receivable	10 (Payable)
a.	Permanent ACA Risk Adjustment Program											
	1 Premium adjustments receivable	-	-	-	-	-	-	-	-	-	-	-
	2 Premium adjustments (payable)	-	(11,169,448)	-	-	-	(11,169,448)	-	-	-	-	(11,169,448)
	3 Subtotal ACA Permanent Risk Adjustment Program	-	(11,169,448)	-	-	-	(11,169,448)	-	-	-	-	(11,169,448)
b.	Transitional ACA Reinsurance Program											
	1 Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	-	-	-
	2 Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	-	-	-
	3 Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	-	-	-
	4 Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-	-	-	-	-	-	-	-	-	-	-
	5 Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-	-
	6 Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	-	-	-
	7 Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-	-
c.	Temporary ACA Risk Corridors Program											
	1 Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-	-
	2 Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-	-
	3 Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-
d.	Total for ACA Risk Sharing Provisions	-	(11,169,448)	-	-	-	(11,169,448)	-	-	-	-	(11,169,448)

4. Roll – forward of Risk Corridors Asset and Liability Balances by Program Benefit Year – None

25. Change in Incurred Claims and Claim Adjustment Expenses

A. – B. Reserves as of December 31, 2018 were \$235,661,185 for unpaid claims and incentives and \$1,701,845 for unpaid claims adjustment expenses. As of March 31, 2019, \$155,041,292 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are \$67,397,763 reserves remaining for prior years. Therefore there has been a \$14,923,975 favorable prior year development since December 31, 2018 to March 31, 2019. Original estimates are increased or decreased as additional information becomes known regarding individual claims. No significant changes in methodologies and assumptions used in the calculation of the liability for unpaid losses and loss adjustments expenses has occurred for the most recent reporting period presented.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

No significant change.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☒ No ☐
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
Eight additional entities were acquired by the Company since December 31, 2018.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001279363
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐

If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2017
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2017
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/31/2016
- 6.4

By what department or departments?
DIFS.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$

13. Amount of real estate and mortgages held in short-term investments:\$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0

16.3 Total payable for securities lending reported on the liability page \$0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Comerica Bank.....	411 W. Lafayette, Detroit, MI 48226.....
Illinois National Bank.....	322 E. Capital, Springfield, IL 62701.....
US Bank National Association.....	50 South 16th St., Suite 2000, Philidelphia, PA 19102.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [X] No []

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
	US Bank National Association.....	..01/01/2019.....	Parent Company Custodian.....

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
WellCare Treasury Department.....	I.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets?

Yes [] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or
- a. PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?.....

Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- c. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [] No [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

91.6 %

1.2 A&H cost containment percent

2.1 %

1.3 A&H expense percent excluding cost containment expenses

13.1 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☒ No ☐

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☒

STATEMENT AS OF MARCH 31, 2019 OF THE Meridian Health Plan of Michigan, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

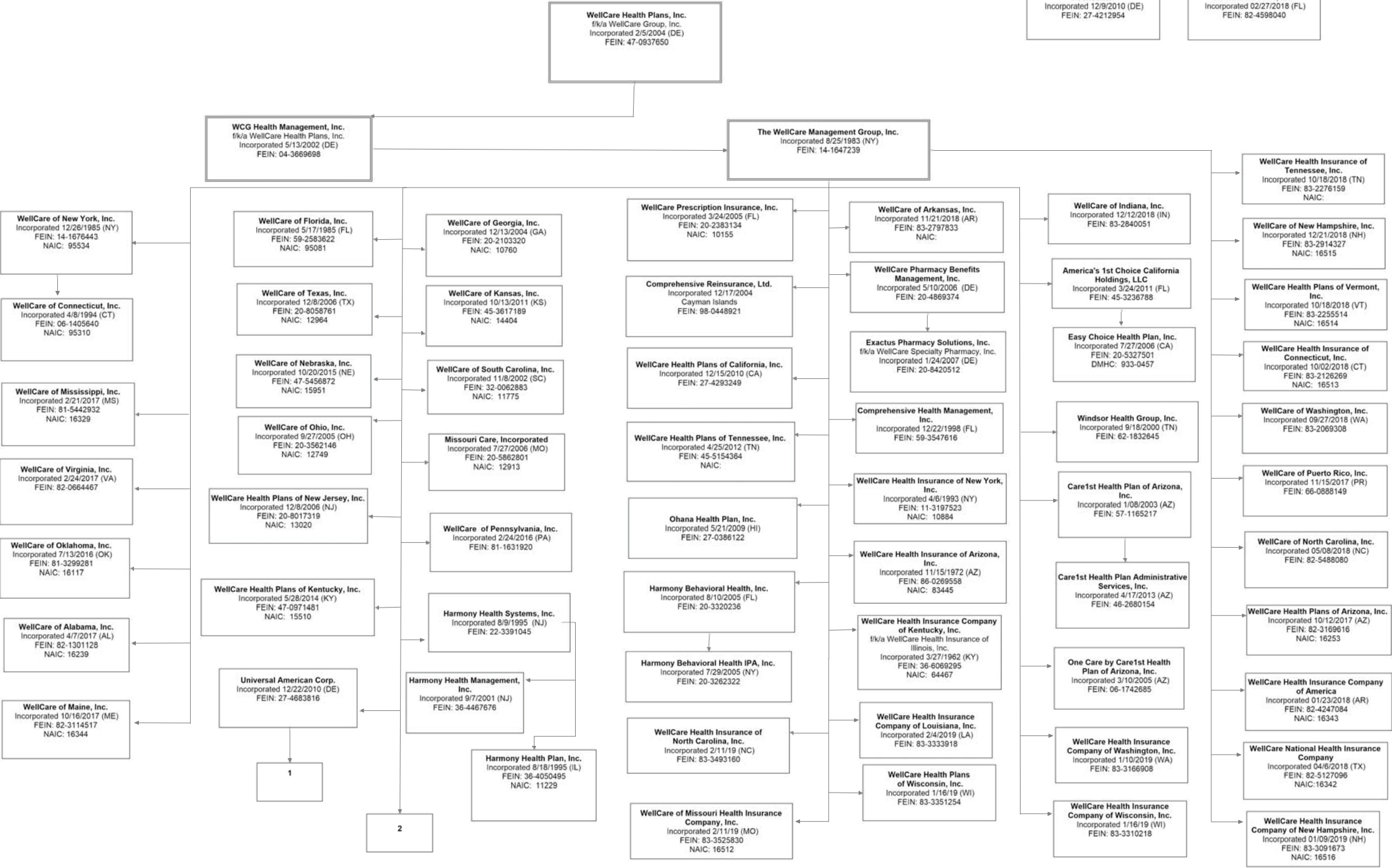
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

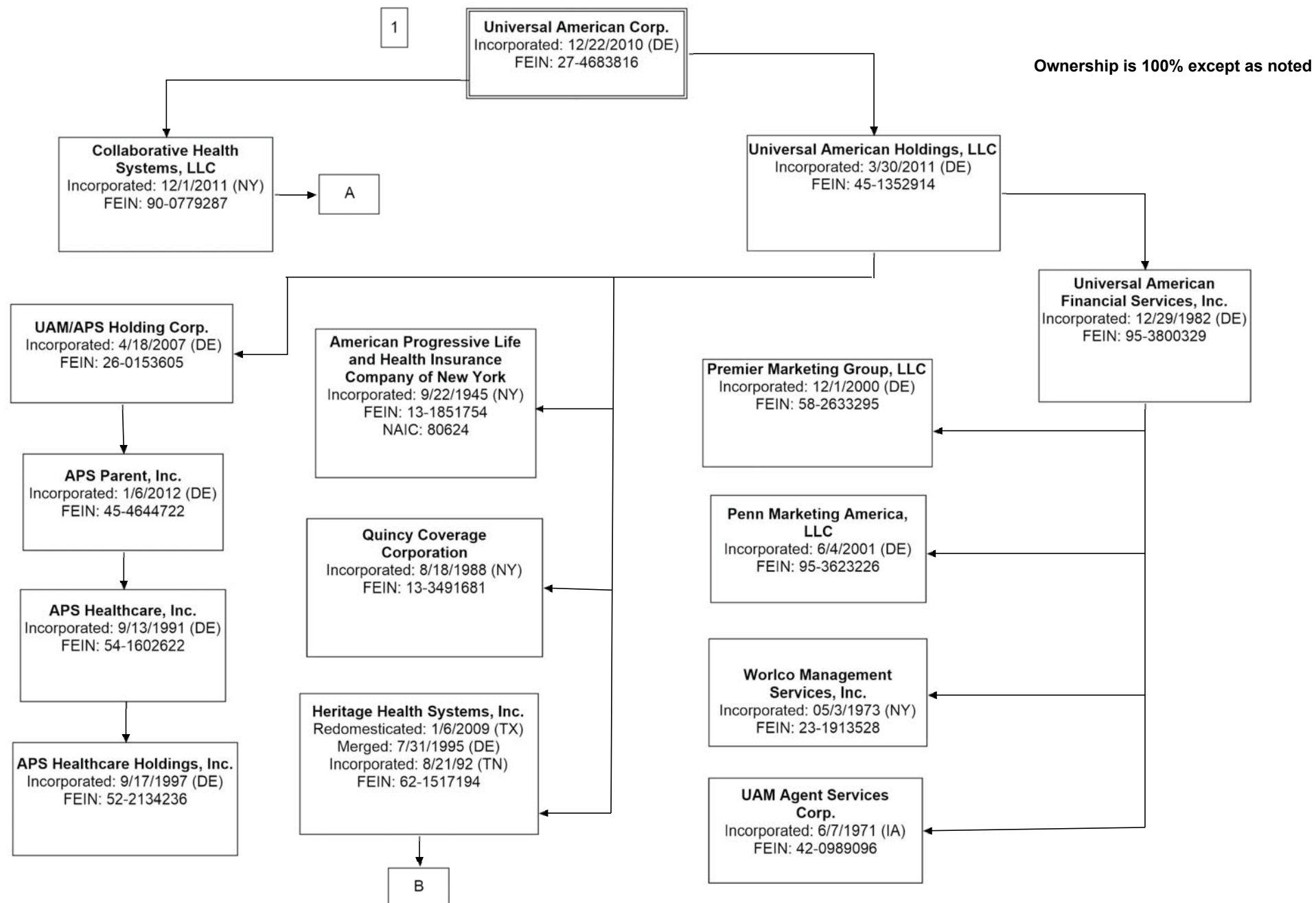
Current Year to Date - Allocated by States and Territories										
States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama	AL	N						0		
2. Alaska	AK	N						0		
3. Arizona	AZ	N						0		
4. Arkansas	AR	N						0		
5. California	CA	N						0		
6. Colorado	CO	N						0		
7. Connecticut	CT	N						0		
8. Delaware	DE	L						0		
9. Dist. Columbia	DC	L						0		
10. Florida	FL	N						0		
11. Georgia	GA	N						0		
12. Hawaii	HI	N						0		
13. Idaho	ID	N						0		
14. Illinois	IL	L						0		
15. Indiana	IN	L	7,404					7,404		
16. Iowa	IA	N						0		
17. Kansas	KS	N						0		
18. Kentucky	KY	L						0		
19. Louisiana	LA	N						0		
20. Maine	ME	L						0		
21. Maryland	MD	N						0		
22. Massachusetts	MA	N						0		
23. Michigan	MI	L	4,025,848	76,749,788	401,258,298			482,033,934		
24. Minnesota	MN	N						0		
25. Mississippi	MS	N						0		
26. Missouri	MO	N						0		
27. Montana	MT	N						0		
28. Nebraska	NE	N						0		
29. Nevada	NV	N						0		
30. New Hampshire	NH	N						0		
31. New Jersey	NJ	N						0		
32. New Mexico	NM	N						0		
33. New York	NY	N						0		
34. North Carolina	NC	N						0		
35. North Dakota	ND	N						0		
36. Ohio	OH	L	902,370					902,370		
37. Oklahoma	OK	N						0		
38. Oregon	OR	N						0		
39. Pennsylvania	PA	N						0		
40. Rhode Island	RI	N						0		
41. South Carolina	SC	N						0		
42. South Dakota	SD	N						0		
43. Tennessee	TN	N						0		
44. Texas	TX	N						0		
45. Utah	UT	N						0		
46. Vermont	VT	N						0		
47. Virginia	VA	N						0		
48. Washington	WA	N						0		
49. West Virginia	WV	N						0		
50. Wisconsin	WI	N						0		
51. Wyoming	WY	N						0		
52. American Samoa	AS	N						0		
53. Guam	GU	N						0		
54. Puerto Rico	PR	N						0		
55. U.S. Virgin Islands	VI	N						0		
56. Northern Mariana Islands	MP	N						0		
57. Canada	CAN	N						0		
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	4,025,848	77,659,562	401,258,298	0	0	0	482,943,708	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	XXX	4,025,848	77,659,562	401,258,298	0	0	0	482,943,708	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

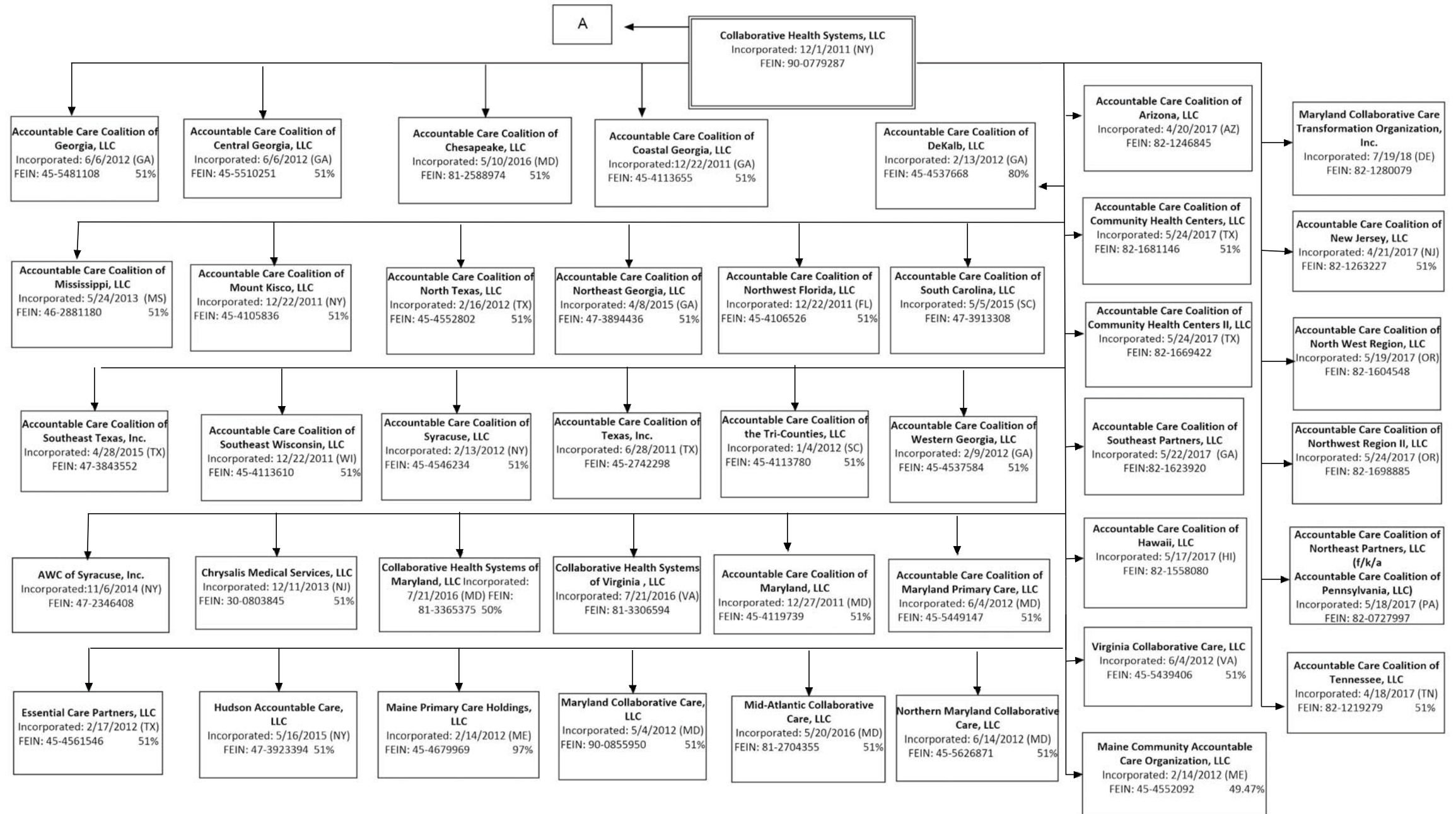
(a) Active Status Counts

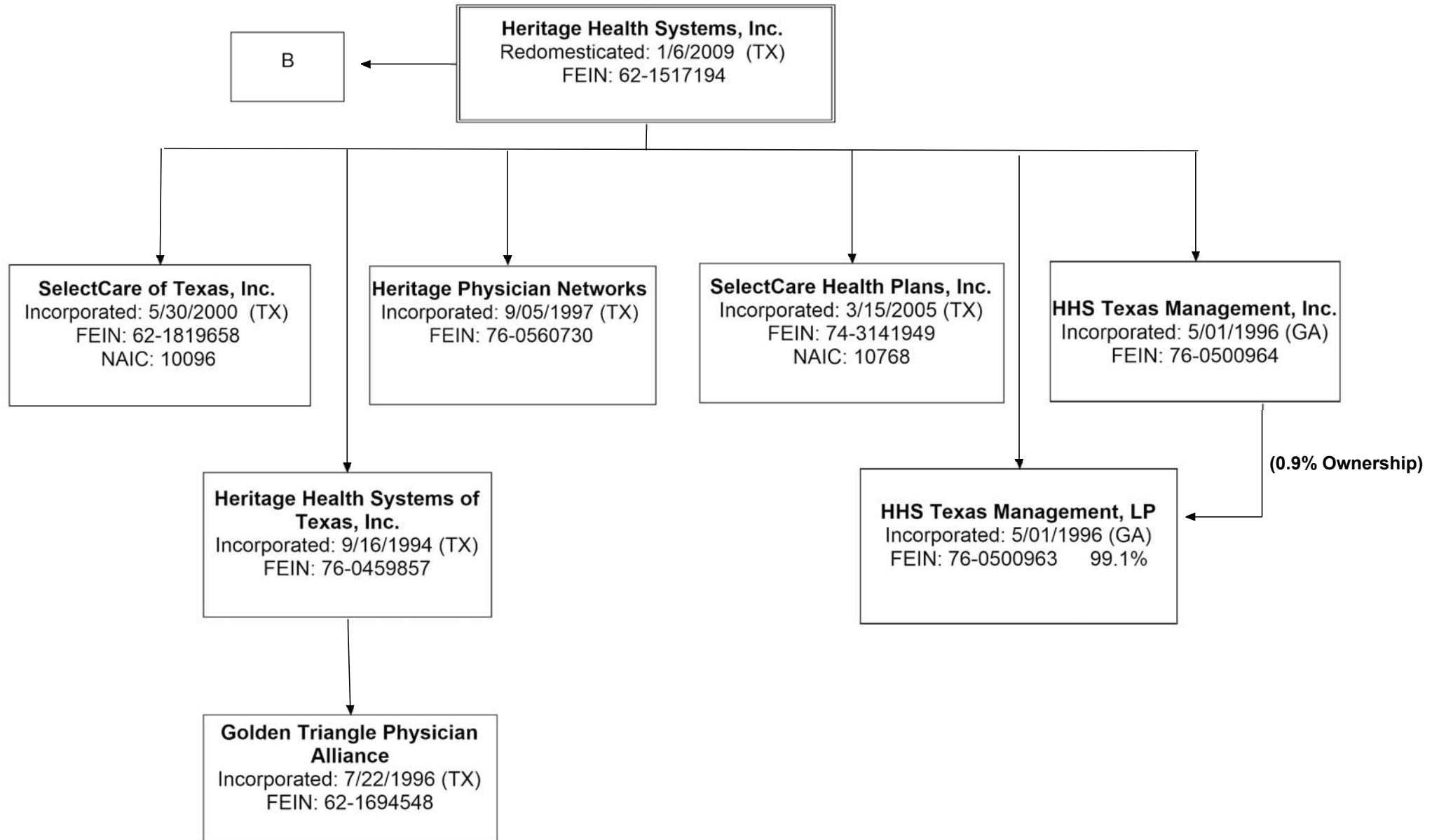
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG8 R – Registered – Non-domiciled RRGs0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0 Q – Qualified – Qualified or accredited reinsurer0
N – None of the above – Not allowed to write business in the state49

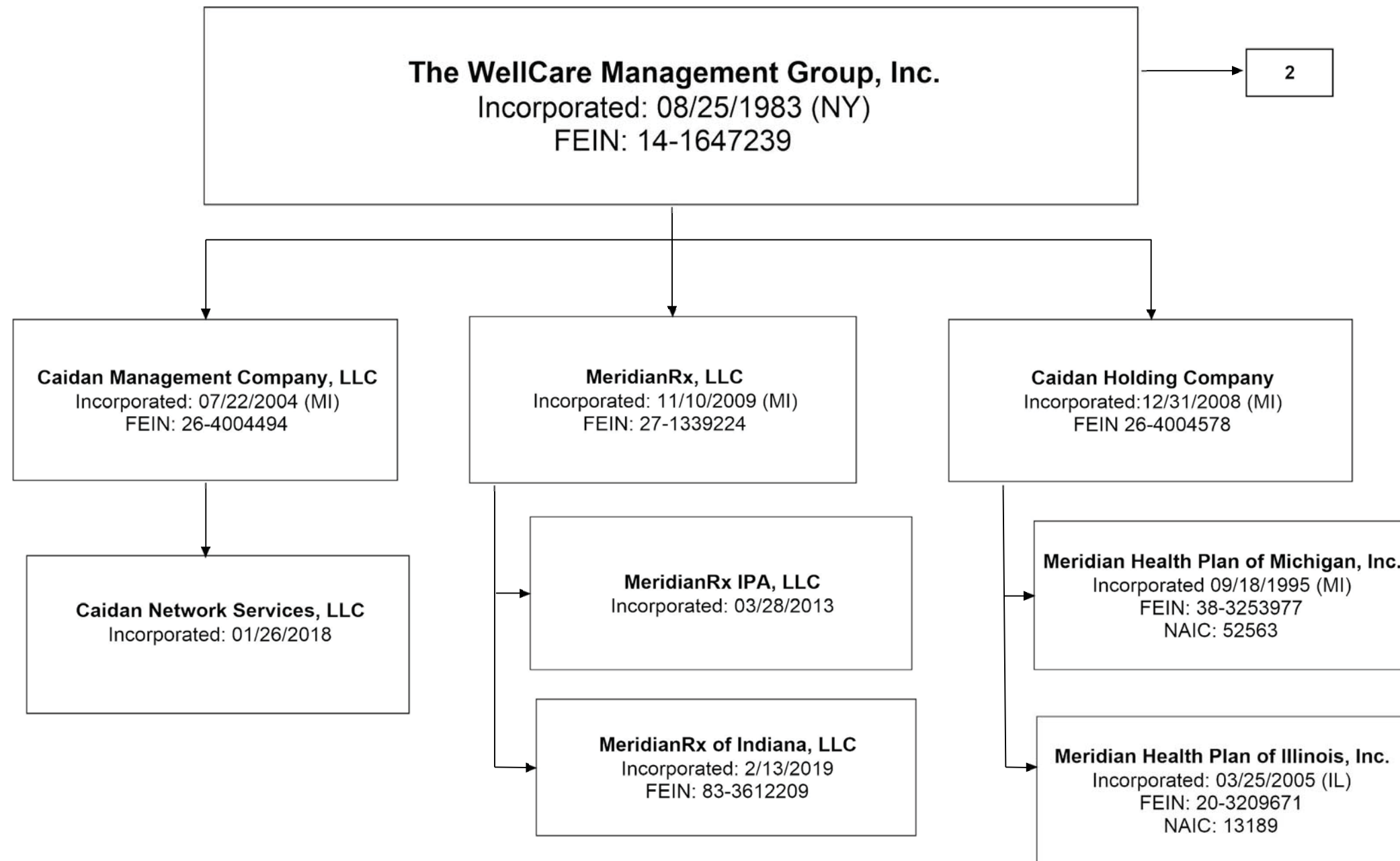
Corporate Organization Chart of The WellCare Group of Companies as of March 31, 2019











SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	95310.....	06-1405640.....	.....	.....	.....	WellCare of Connecticut Inc.....	CT.....	IA.....	WellCare of New York, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	95081.....	59-2583622.....	.....	.....	.....	WellCare of Florida Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	59-3547616.....	.....	.....	.....	Comprehensive Health Management Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	14-1647239.....	.....	.....	.....	The WellCare Management Group, Inc.....	NY.....	UIP.....	WCG Health Management, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	95534.....	14-1676443.....	.....	.....	.....	WellCare of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3320236.....	.....	.....	.....	Harmony Behavioral Health Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	11229.....	36-4050495.....	.....	.....	.....	Harmony Health Plan Inc.....	IL.....	IA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	22-3391045.....	.....	.....	.....	Harmony Health Systems Inc.....	IL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	36-4467676.....	.....	.....	.....	Harmony Health Management Inc.....	IL.....	NIA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	47-0937650.....	.....	0001279363	NYSE	WellCare Health Plans Inc.....	FL.....	UIP.....	Shareholders.....	.....	0.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	04-3669698.....	.....	.....	.....	WCG Health Management Inc.....	FL.....	UIP.....	WellCare Health Plans, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	10760.....	20-2103320.....	.....	.....	.....	WellCare of Georgia Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	98-0448921.....	.....	.....	.....	Comprehensive Reinsurance Ltd.....	CYM.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	10155.....	20-2383134.....	.....	.....	.....	WellCare Prescription Insurance Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	12749.....	20-3562146.....	.....	.....	.....	WellCare of Ohio Inc.....	OH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3262322.....	.....	.....	.....	Harmony Behavioral Health IPA Inc.....	NY.....	NIA.....	Harmony Behavioral Health, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-4869374.....	.....	.....	.....	WellCare Pharmacy Benefits Management In.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	83445.....	86-0269558.....	.....	.....	.....	WellCare Health Insurance of Arizona Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	64467.....	36-6069295.....	.....	.....	.....	WellCare Health Insurance Company of Kentucky Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	10884.....	11-3197523.....	.....	.....	.....	WellCare Health Insurance of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	13020.....	20-8017319.....	.....	.....	.....	WellCare Health Plans of New Jersey Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	12964.....	20-8058761.....	.....	.....	.....	WellCare of Texas Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-8420512.....	.....	.....	.....	Exactus Pharmacy Solutions, Inc.....	DE.....	NIA.....	WellCare Pharmacy Benefits Management.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	27-0386122.....	.....	.....	.....	Ohana Health Plans, Inc.....	HI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	27-4293249.....				WellCare Health Plans of California, Inc.....	CA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	14404.....	45-3617189.....				WellCare of Kansas, Inc.....	KS.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16533.....	45-5154364.....				WellCare Health Plans of Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	45-3236788.....				America's 1st Choice California Holdings, LLC.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-5327501.....				Easy Choice Health Plan, Inc.....	CA.....	IA.....	America's 1st Choice California Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	11775.....	32-0062883.....				WellCare of South Carolina, Inc.....	SC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	12913.....	20-5862801.....				Missouri Care, Incorporated.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	27-4212954.....				The WellCare Community Foundation.....	DE.....	NIA.....	WellCare Health Plans, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1832645.....				Windsor Health Group, Inc.....	TN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	15510.....	47-0971481.....				WellCare Health Plans of Kentucky, Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	15951.....	47-5456872.....				WellCare of Nebraska, Inc.....	NE.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	81-1631920.....				WellCare of Pennsylvania, Inc.....	PA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16117.....	81-3299281.....				WellCare of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	06-1742685.....				One Care by Care 1st Health Plan of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	57-1165217.....				Care 1st Health Plan Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	46-2680154.....				Care 1st Health Plan Administrative Services, Inc.....	AZ.....	NIA.....	Care 1st Health Plan Arizona, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16329.....	81-5442932.....				WellCare of Mississippi, Inc.....	MS.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	82-0664467.....				WellCare of Virginia, Inc.....	VA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16239.....	82-1301128.....				WellCare of Alabama, Inc.....	AL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	82-1246845.....				Accountable Care Coalition of Arizona, LLC.....	AZ.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	45-5510251.....				Accountable Care Coalition of Central Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	81-2588974.....				Accountable Care Coalition of Chesapeake, LLC.....	MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113655.....				Accountable Care Coalition of Coastal Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	82-1681146.....				Accountable Care Coalition of Community Health Centers, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1669422.....				Accountable Care Coalition of Community Health Centers II, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4537668.....				Accountable Care Coalition of DeKalb, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	80.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5481108.....				Accountable Care Coalition of Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1623920.....				Accountable Care Coalition of Southeast Partners, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1558080.....				Accountable Care Coalition of Hawaii, LLC.....	HI.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5449147.....				Accountable Care Coalition of Maryland Primary Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4119739.....				Accountable Care Coalition of Maryland, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	46-2881180.....				Accountable Care Coalition of Mississippi, LLC.....	MS.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4105836.....				Accountable Care Coalition of Mount Kisco, LLC.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1263227.....				Accountable Care Coalition of New Jersey, LLC.....	NJ.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4552802.....				Accountable Care Coalition of North Texas, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3894436.....				Accountable Care Coalition of Northeast Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4106526.....				Accountable Care Coalition of Northwest Florida, LLC.....	FL.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1604548.....				Accountable Care Coalition of North West Region, LLC.....	OR.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1698885.....				Accountable Care Coalition of North West Region II, LLC.....	OR.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-0727997.....				Accountable Care Coalition of Northeast Partners, LLC.....	PA.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3913308.....				Accountable Care Coalition of South Carolina, LLC.....	SC.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3843552.....				Accountable Care Coalition of Southeast Texas, Inc.....	TX.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113610.....				Accountable Care Coalition of Southeast Wisconsin.....	WI.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4546234.....				Accountable Care Coalition of Syracuse, LLC.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1219279.....				Accountable Care Coalition of Tennessee, LLC.....	TN.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-2742298.....				Accountable Care Coalition of Texas, Inc.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113780.....				Accountable Care Coalition of the Tri-Counties, LLC.....	SC	NIA	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4537584.....				Accountable Care Coalition of Western Georgia, LLC.....	GA	NIA	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	80624.....	13-1851754.....				American Progressive Life & Health Insurance Company of New York.....	NY	IA	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	52-2134236.....				APS Healthcare Holdings, Inc.....	DE	NIA	APS Healthcare, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	54-1602622.....				APS Healthcare, Inc.....	DE	NIA	UAM/APS Holding Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4644722.....				APS Parent, Inc.....	DE	NIA	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	30-0803845.....				Chrysalis Medical Services, LLC.....	TX	NIA	Heritage Health Systems, Inc.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-3365375.....				Collaborative Health Systems of Maryland, Inc.....	MD	NIA	Collaborative Health Systems, LLC.....	Ownership.....	50.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-3306594.....				Collaborative Health Systems of Virginia, Inc.....	VA	NIA	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	90-0779287.....				Collaborative Health Systems, LLC.....	NY	NIA	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-2602493.....				Empire Collaborative Care, LLC.....	NY	NIA	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4561546.....				Essential Care Partners, LLC.....	TX	NIA	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1694548.....				Golden Triangle Physician Alliance.....	TX	NIA	Heritages Health Systems of Texas Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0459857.....				Heritage Health Systems of Texas, Inc.....	TX	NIA	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1517194.....				Heritage Health Systems, Inc.....	TX	NIA	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0560730.....				Heritage Physician Networks.....	TX	NIA	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0500964.....				HHS Texas Management, Inc.....	GA	NIA	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0500963.....				HHS Texas Management, LP.....	GA	NIA	Heritage Health Systems, Inc.....	Ownership.....	99.1	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	47-3923394.....				Hudson Accountable Care, LLC.....	NY	NIA	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4552092.....				Maine Community Accountable Care Organization, LLC.....	ME	NIA	Maine Primary Care Holdings, LLC.....	Ownership.....	49.5	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4679969.....				Maine Primary Care Holdings, LLC.....	ME	NIA	Collaborative Health Systems LLC.....	Ownership.....	97.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	90-0855950.....				Maryland Collaborative Care, LLC.....	MD	NIA	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-2704355.....				Mid-Atlantic Collaborative Care, LLC.....	MD	NIA	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	45-5626871.....				Northern Maryland Collaborative Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	95-3623226.....				Penn Marketing America, LLC.....	DE.....	NIA.....	Universal American Financial Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	58-2633295.....				Premier Marketing Group, LLC.....	DE.....	NIA.....	Penn Marketing America, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	13-3491681.....				Quincy Coverage Corporation.....	NY.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	10768.....	74-3141949.....				SelectCare Health Plans, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	10096.....	62-1819658.....				SelectCare of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	42-0989096.....				UAM Agent Services Corp.....	IA.....	NIA.....	Universal American Financial Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	26-0153605.....				UAM/APS Holding Corp.....	DE.....	NIA.....	APS Parent, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	27-4683816.....				Universal American Corp.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	95-3800329.....				Universal American Financial Services.....	DE.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-1352914.....				Universal American Holdings, LLC.....	DE.....	NIA.....	Universal American Corp.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5439406.....				Virginia Collaborative Care, LLC.....	VA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	23-1913528.....				Worlco Management Services, Inc.....	NY.....	NIA.....	Worlco Management Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-2346408.....				AWC of Syracuse, Inc.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16253.....	82-3169616.....				WellCare Health Plans of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16344.....	82-3114517.....				WellCare of Maine, Inc.....	ME.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	66-0888149.....				WellCare of Puerto Rico, Inc.....	PR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-4598040.....				WellCare Associate Assistance Fund, Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16343.....	82-4247084.....				WellCare Health Insurance Company of America.....	AR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16342.....	82-5127096.....				WellCare National Health Insurance Company.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16547.....	82-5488080.....				WellCare of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	26-4064494.....				Caidan Management Company, LLC.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	26-4064494.....				Caidan Network Services, LLC.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01200.....	WellCare Health Plans Inc.....	00000.....	26-4004578.....				Caidan Holding Company.....	MI.....	UDP.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1280079.....				Maryland Collaborative Care Transformation Organization, Inc.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	13189.....	20-3209671.....				Meridian Health Plan of Illinois, Inc.....	IL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	52563.....	38-3253977.....				Meridian Health Plan of Michigan, Inc.....	MI.....	RE.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-2069308.....				WellCare of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	27-1339224.....				MeridianRx, LLC.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	32-0408908.....				MeridianRX IPA, LLC.....	NY.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	16513.....	83-2126269.....				WellCare Health Insurance of Connecticut, Inc.....	CT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	16532.....	83-2276159.....				WellCare Health Insurance of Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	16514.....	83-2255514.....				WellCare Health Plans of Vermont, Inc.....	VT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	16531.....	83-2797833.....				WellCare of Arkansas, Inc.....	AR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-2840051.....				WellCare of Indiana, Inc.....	IN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	16515.....	83-2914327.....				WellCare of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3612209.....				MeridianRx of Indiana, LLC.....	IN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3333918.....				WellCare Health Insurance Company of Louisiana, Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	16516.....	83-3091673.....				WellCare Health Insurance Company of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3166908.....				WellCare Health Insurance Company of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3310218.....				WellCare Health Insurance Company of Wisconsin, Inc.....	WI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	16548.....	83-3493160.....				WellCare Health Insurance of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3351254.....				WellCare Health Plans of Wisconsin, Inc.....	WI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....
01199.....	WellCare Health Plans Inc.....	16512.....	83-3525830.....				WellCare of Missouri Health Insurance Company, Inc.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	.0.....

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

Bar Code:

1.



5 2 5 6 3 2 0 1 9 3 6 5 0 0 0 0 1

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,190,099	1,306,535
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		(39,013)
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		77,423
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	1,190,099	1,190,099
12. Deduct total nonadmitted amounts	1,155,714	1,155,714
13. Statement value at end of current period (Line 11 minus Line 12)	34,385	34,385

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	310,000	125,882,020
2. Cost of bonds and stocks acquired	299,991,782	20,287,119
3. Accrual of discount	0	48,099
4. Unrealized valuation increase (decrease)	253,318	(2,193,108)
5. Total gain (loss) on disposals	290,710	74,427
6. Deduct consideration for bonds and stocks disposed of	200,285,796	142,302,070
7. Deduct amortization of premium	0	1,514,073
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	27,586
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	100,560,014	310,000
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	100,560,014	310,000

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	310,000	299,991,782	199,995,086	253,318	100,560,014	0	0	310,000
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	310,000	299,991,782	199,995,086	253,318	100,560,014	0	0	310,000
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	310,000	299,991,782	199,995,086	253,318	100,560,014	0	0	310,000

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$0 ; NAIC 2 \$0 ;
NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	0	XXX	0	0	0

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	71,295,068
2. Cost of short-term investments acquired	0	61,150,044
3. Accrual of discount	0	91,660
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	(92,058)
6. Deduct consideration received on disposals	0	131,976,600
7. Deduct amortization of premium.....	0	468,114
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,836,670	2,076,605
2. Cost of cash equivalents acquired	300,484,489	279,555,640
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals	300,236,327	279,795,575
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,084,832	1,836,670
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	2,084,832	1,836,670

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

E04

E04

E04

E04

E04

E05

E05

E05

E05

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

E13